# L08000071185

(Requesto	or's Name)
(Address)	·
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
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SECRETARY OF STATE
ALLAHASSEF FI SELE

## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2008

ROBERT A. LEWIS 24 ARCHER AVE. PENSACOLA, FL 32505

SUBJECT: R. L. TRUCKING LLC Ref. Number: W08000032115

We have received your document for R. L. TRUCKING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 708A00039980

R.L. Trucking LLC
Phobert A. Lewis
24 Archer Ave
Pensocoki, FL 32505
(850) 377-1200

TILED

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SECRETARY OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
VS.L. Trucking LIC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	,

**Principal Office Address:** 

**ARTICLE I - Name:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an inclusion business entity with an active Florida registration.)	dividual o	r another	
The name and the Florida street address of the registered agent are:  Name  Name  Florida street address (P.O. Box NOT acceptable)  City, State, and Zip	SECRETARY OF STATE TALLAHASSEE, FLORIDA	7008 JUL 23 P 2: 23	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MGRM" = Managing Member	Robert A Leux's 24 Archer Ave Pensocola, FL 32505
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<del></del>	ASR 2
(Use attachment if necessary)	OF STAN
ICLE V: Effective date, if other than the effective date is listed, the date must I 90 days after the date of filing.)	e date of filing:  be specific and cannot be more than five business day

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

A Lewis
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)